

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF WORKERS' CLAIMS  
REQUEST FOR MANUAL CHANGE FORM**

\_\_\_\_\_ requests that the Department of Workers' Claims please make a  
(Company Name)

manual change to the field checked below for \_\_\_\_\_.  
(Employee Name and/or SSN)

- ☐ **Date of Injury (DN 31)**
- ☐ **Nature of Injury (DN 35)** Requires a detailed explanation to be faxed or mailed with this form.
- ☐ **Social Security Number (DN 42)**
- ☐ **Date of Death (DN 57)**

List the change you wish to make in the space below. Only one manual change can be requested per form.

**Dept. of Workers' Claims**  
**Agency Claim Number**

**DN#**

**Currently Contains**

**Change To**

\_\_\_\_\_

I \_\_\_\_\_ on this date \_\_\_\_\_ approve the change being  
(Signature of approving authority) (Date signed)

requested and have submitted documentation explaining the need for the change to the field that requires said documentation.

For confirmation of this change, I can be reached at: \_\_\_\_\_.  
(Email and/or telephone number)

**A Manual Change Form is required to change the Date of Injury; Nature of Injury; and Social Security Number due to the fact that these are locked fields in the DWC electronic database. A Manual Change Form is also necessary to make a change when a Date of Death has been reported in error. Your signed form may be faxed or mailed. Changes will be made by the DWC staff once the signed form is received. The Manual Change Form must be followed by an 02 transaction containing the updated fields. For faxed forms, the 02 can be transmitted immediately. If mailed, please allow five days before submitting the 02 change. Forms not signed will be returned for signature, thus delaying the change requested.**

***This form must be completed and submitted by the Carrier or TPA. Forms submitted by anyone other than the Carrier or TPA will not be accepted.***

**Please FAX this form to the EDI Section: (502) 696-5096**

**or mail to: Department of Workers' Claims  
ATTN: EDI Section  
Prevention Park  
657 Chamberlin Avenue  
Frankfort, KY 40601  
Phone: (502) 564-5550 x4416**